



PART B - FEE(S) TRANSMITTAL

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 Commissioner for Patents
 P.O. Box 1450
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22884 7590 05/24/2005

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05/24/2005 HDEMESS2 00000075 09891481

01 FC:2501 700.00 OP
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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below:

5/23/05	(Depositor's name)
<i>Joan L. Simone</i>	(Signature)
5/23/05	(Date)

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/891,481	06/26/2001	Vinod K. Menon	EU469-01061	9384

TITLE OF INVENTION: WOUND COVERING PRESSURE RELIEF PADS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/24/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, CAMTU TRAN	3743	128-R85000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363):	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents, OR, alternatively,
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.	<i>Joan L. Simone</i>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/43; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.	<input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no residence data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 1.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input checked="" type="checkbox"/> Payment by credit card, Form PTO-2038 is attached.
<input checked="" type="checkbox"/> Advance Order - # of Copies _____	<input type="checkbox"/> The Director is hereby authorized by <u>Joan L. Simone</u> to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Joan L. Simone*Date 5/23/05Typed or printed name Joan L. SimoneRegistration No. 43,125

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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To: USPTO - Issue Fee Department

Fax Number: 1 703 746-4000

From: J. L. Simunic

Fax Number: 502-222-5413

Business Phone:

Home Phone:

Pages: 3

Date/Time: 5/23/2005 1:39:45 PM

Subject: ISSUE FEE Application 09/891,481

Please find the following documents related to Application Number 09/891,481 (Wound Covering Pressure Relief Pad):

Part B - Fee Transmittal
PTO-2038 Credit Card Payment Form

If there are any questions or corrections needed regarding this submission, please call me at 502-222-5413.

Regards,

Joan Simunic
Reg. 43,125